

1997 Health Care Survey of DoD Beneficiaries:

Key Findings for Region 12

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for Region 12. The findings are summarized below.

Satisfaction

- Of the beneficiaries in Region 12 who received some care at a military or civilian treatment facility or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with care at military treatment facilities (MTFs) in Region 12 (64 percent) is higher than the MHS average (59 percent).
- Satisfaction with care at civilian treatment facilities (CTFs) in Region 12 (82 percent) is greater than satisfaction with MTF care (64 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 12 (57 percent) is less than the proportion of beneficiaries who are satisfied with military health care in general (64 percent). Across all regions, 52 percent of enrollees are satisfied with TRICARE Prime, compared with 59 percent who are satisfied with military care.
- Satisfaction with civilian care in Region 12 is greater than satisfaction with military care among every type of beneficiary, except active duty personnel. Among active duty personnel, MTF patients (68 percent) were more likely than CTF patients (56 percent) to be satisfied with the care they received. Satisfaction with MTF care is lowest among active duty family members (55 percent) and highest among retirees, survivors, and their family age 65 and over (78 percent).
- In Region 12, 22 percent of enrolled active duty personnel are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among enrolled non-active duty personnel, only 9 percent are unlikely to re-enroll. Among those who are not currently enrolled in TRICARE Prime, younger beneficiaries are more likely than older beneficiaries to enroll in the next 12 months. Twenty percent of non-enrollees under age 65 plan to enroll, compared with only 7 percent of non-enrollees age 65 or over.

- In Region 12, the level of satisfaction with TRICARE Prime among enrollees who have a civilian primary care manager (PCM) is the same as among enrollees who have a military PCM (57 percent).

Access to Care

- Of the beneficiaries in Region 12 who used an ER in the past year, 16 percent used it because they could not get an appointment with their usual health care provider. In Region 12, active duty personnel enrolled in TRICARE Prime were less likely than other beneficiaries to report using the ER because they could not get a regular appointment. Ten percent of active duty enrollees resorted to ER use for that reason, compared with about 20 percent of other beneficiaries.
- In Region 12, very few MTF or CTF patients (between 2 and 10 percent) waited more than 30 days for an appointment, but CTF patients were more likely than MTF patients to get an appointment within a week. In addition, TRICARE Prime enrollees in Region 12 were more likely than their non-enrolled counterparts to get an appointment within a week.
- MTF patients in Region 12 were more likely than CTF patients to experience long waits in a provider's office. Between 29 and 32 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 8 and 13 percent of CTF patients. The TRICARE standard is a 30-minute wait. Waiting periods in Region 12 varied little by TRICARE Prime enrollment status.
- Twenty-seven percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility in Region 12 are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the beneficiary's distance from a MTF (19 percent). Compared with the average MHS patient, those in Region 12 were less likely to cite their distance from a MTF as a barrier to MTF use.

Knowledge of TRICARE

- Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE, compared with between 29 and 38 percent of beneficiaries in other mature TRICARE regions. Mature TRICARE regions are 6, 9, 10, 11, and 12.
- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 16 percent have unclear information about enrolling in TRICARE Prime, compared with 34 percent in the MHS as a whole. Among active duty beneficiaries in Region 12, 13 percent reported having unclear information about enrolling.
- Among those in Region 12 who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent). Compared with the average MHS beneficiary, those in Region 12 were more likely to receive information through a visit to the TRICARE service center.

Source of Care

- Nineteen percent of beneficiaries in Region 12, and 25 percent of beneficiaries in all regions, used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. In Region 12, active duty family members were the most likely to have used a military pharmacy to fill a prescription written by a civilian provider (77 percent), while active duty personnel were the least likely (7 percent).

- Ninety-seven percent of active duty personnel use a MTF for their regular source of care, as do 92 percent of active duty family members, 41 percent of retirees and their family members under age 65, and 37 percent of retirees and their family members age 65 or over. Only 2 percent of beneficiaries in Region 12 rely on something other than a MTF or CTF as their usual source of care.

Use of Care

- In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities tended to have more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients. The opposite pattern is observed among Region 12 beneficiaries who are enrolled in TRICARE Prime. CTF patients in this group were much less likely (17 percent) than their MTF counterparts (40 percent) to have six or more outpatient visits.
- Among MTF patients in Region 12, those enrolled in TRICARE Prime had significantly more outpatient visits than those not enrolled in Prime. In contrast to the pattern observed at MTFs, TRICARE Prime enrollees at CTFs tended to have fewer outpatient visits than their non-enrolled counterparts.

Preventive Care

- Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 95 percent of beneficiaries in Region 12. Both results exceed the civilian Healthy People 2000 goal of 90 percent.
- Seventy-nine percent of beneficiaries in Region 12 had a cholesterol screening in the past five years. This exceeds the Healthy People 2000 goal for adults (75 percent) and is about equal to the average for all regions (81 percent).
- Eighty-one percent of female beneficiaries age 50 or over in Region 12 had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.
- Ninety percent of female beneficiaries and 88 percent of female active duty personnel in Region 12 have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector.
- Of the beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey, 94 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- Two-thirds of male beneficiaries age 50 or over in Region 12 (67 percent) had a prostate screening in the past two years. This rate is lower than the rate observed in the MHS as a whole (78 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is higher than the level of enrollment in the average mature TRICARE region (53 percent).
- In Region 12, 51 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Region 12 are similar to their counterparts in the civilian population. This result applies to both TRICARE Prime enrollees and non-enrollees.

Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. The following sections outline the basic framework of the survey, how to use its findings, and findings of note.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for Region 12. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

Reports in the Series

This report is the first in a series of three companion reports for Region 12, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 12.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions outlined above.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 12.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 12.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each of the 13 regions. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across regions (the explanatory variables)?" In other words, does the location of beneficiaries in a particular region appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis).

In Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries reporting being satisfied with their health care in the region indicated on the horizontal axis. Similarly, in many of the other exhibits, the height of a given bar represents the percentage of the beneficiaries in question who fall into the category indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are. The margin of error for estimates based on all beneficiaries or all patients in Region 12 is about 4 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 12 is less than 7 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 12* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a military health system (MHS) benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 12 included 2,047 adults and 2,491 parents of sampled children. Of the adults, 1,121 returned completed questionnaires by the due date, for a response rate of 56.2 percent; 1,189 parents of sampled children did the same, for a response rate of 48.0 percent.

To ensure that the survey results are representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 12. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

The HCSDB in Context with Other Data Sources

The HCSDB is one of several DoD health surveys. The HCSDB is unique, providing information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed above representing *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only data on these topics representing the entire population a Lead Agent or a MTF commander is charged with.

The following is a summary contrasting the HCSDB with these other sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all military health system beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries, regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Preventive Care Standards

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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Chapter

2

Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for Region 12 based on these findings is included in Chapter 9.

All Beneficiaries Who Received Care in the Past 12 Months

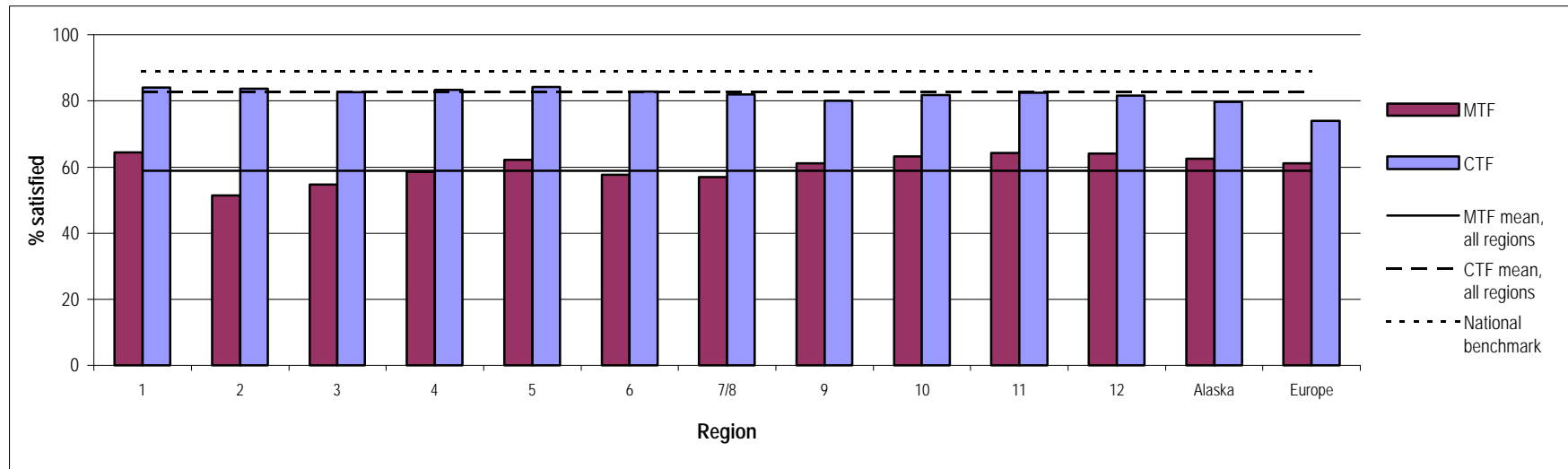
- Of the beneficiaries in Region 12 who received some care at a military or civilian treatment facility or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with care at military treatment facilities (MTFs) in Region 12 (64 percent) is higher than the MHS average (59 percent).
- Satisfaction with care at civilian treatment facilities (CTFs) in Region 12 (82 percent) is greater than satisfaction with MTF care (64 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 12 (57 percent) is less than the proportion of beneficiaries who are satisfied with military health care in general (64 percent). Across all regions, 52 percent of enrollees are satisfied with TRICARE Prime, compared with 59 percent who are satisfied with military care.
- Satisfaction with civilian care in Region 12 is greater than satisfaction with military care among every type of beneficiary, except active duty personnel. Among active duty personnel, MTF patients (68 percent) were more likely than CTF patients (56 percent) to be satisfied with the care they received. Satisfaction with MTF care is lowest among active duty family members (55 percent) and highest among retirees, survivors, and their family age 65 and over (78 percent).

Enrolled Beneficiaries

- In Region 12, 22 percent of enrolled active duty personnel are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among enrolled non-active duty personnel, only 9 percent are unlikely to re-enroll. Among those who are not currently enrolled in TRICARE Prime, younger beneficiaries are more likely than older beneficiaries to enroll in the next 12 months. Twenty percent of non-enrollees under age 65 plan to enroll, compared with only 7 percent of non-enrollees age 65 or over.

- In Region 12, the level of satisfaction with TRICARE Prime among enrollees who have a civilian primary care manager (PCM) is the same as among enrollees who have a military PCM (57 percent).

2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Region and Compared to a National Civilian Benchmark



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 67,912

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Horizontal axis:

All regions

Survey questions: 51a and 66a

What the exhibit shows:

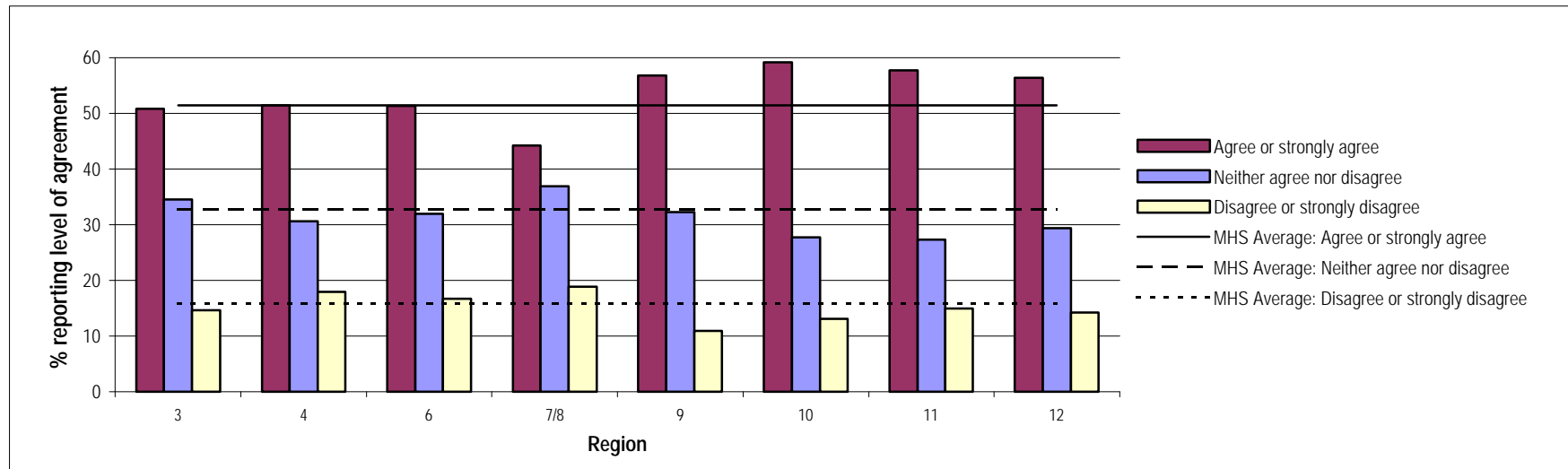
- How satisfaction with care in Region 12 compares to that in other regions
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

Findings:

Of the beneficiaries in Region 12 who received some care at a MTF or CTF or both during the 12 months preceding the survey, which we will call patients throughout the report, most were satisfied with the care they received. Satisfaction with CTF care in Region 12 (82 percent) is greater than satisfaction with MTF care (64 percent), as is the case in every region. Satisfaction with MTF care in Region 12 is nearly the same as the MHS average (59 percent).

To compare the satisfaction of MHS patients to that of civilians generally, we used a civilian benchmark based on the 1997 Household Survey developed by the Center for Studying Health System Change. According to this survey, civilian households were somewhat more satisfied with their health care (89 percent) than were patients at CTFs in Region 12 (82 percent), and far more satisfied than were patients at MTFs (64 percent).

2.2 TRICARE Prime Enrollees' Levels of Satisfaction with Prime, for Mature and New TRICARE Regions



Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

Sample size: 17,758

Vertical axis:

The percent of the sample reporting a given level of satisfaction

Horizontal axis:

Regions that implemented TRICARE prior to April 1996 (mature TRICARE regions) or between April 1996 and March 1997 (new TRICARE regions)

Survey question: 82a

What the exhibit shows:

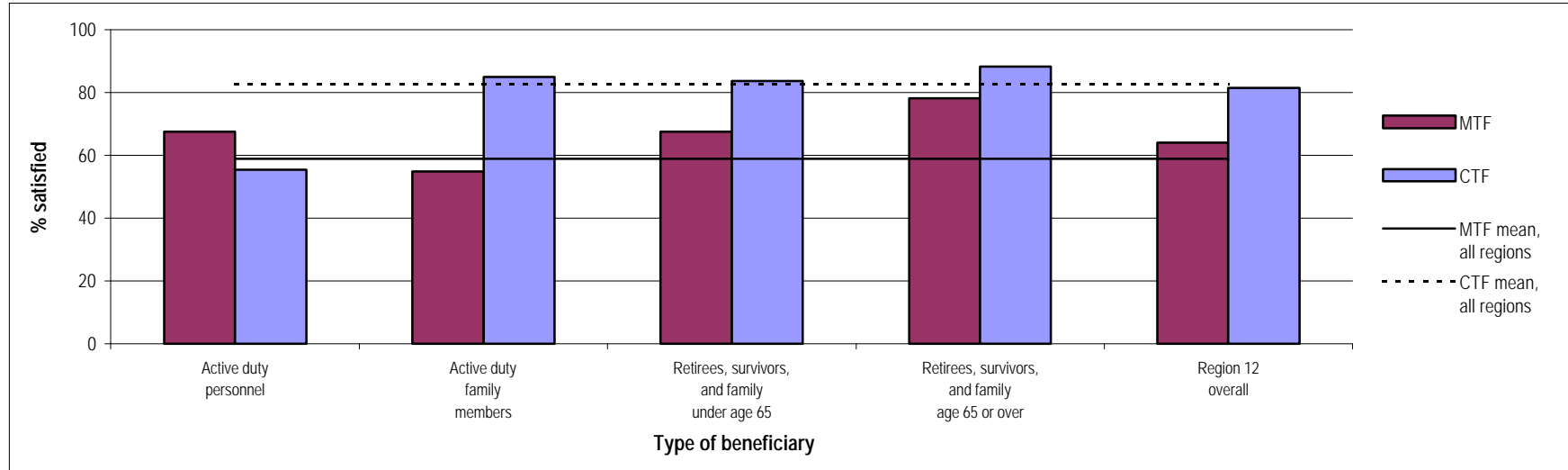
- In mature and new TRICARE regions, how satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across mature and new regions

Findings:

About half (57 percent) of the TRICARE Prime enrollees in Region 12 reported being satisfied with the care they received, while only 14 percent reported being dissatisfied. The level of satisfaction with TRICARE Prime in Region 12 is slightly higher than the average level of satisfaction in mature and new TRICARE regions (52 percent). Mature TRICARE regions (6, 9, 10, 11, and 12) are those that began to implement TRICARE prior to April 1996. New TRICARE regions (3, 4, and 7/8) are those that began to implement TRICARE between April 1996 and March 1997.

The proportion of enrollees who are satisfied with TRICARE Prime in Region 12 (57 percent) is less than the proportion of beneficiaries who are satisfied with MTF care in general (64 percent). Across all regions, 52 percent of enrollees are satisfied with TRICARE Prime, compared with 59 percent who are satisfied with MTF care.

2.3 Patients Satisfied with the Military or Civilian Care They Received in Region 12, by Type of Beneficiary, and in All Regions



Population:

Patients who received some care at a MTF CTF or both during the 12 months preceding their survey response

Sample size: 1,076

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Horizontal axis:

Types of beneficiaries receiving care at a MTF or CTF

Survey questions: 51a and 66a

What the exhibit shows:

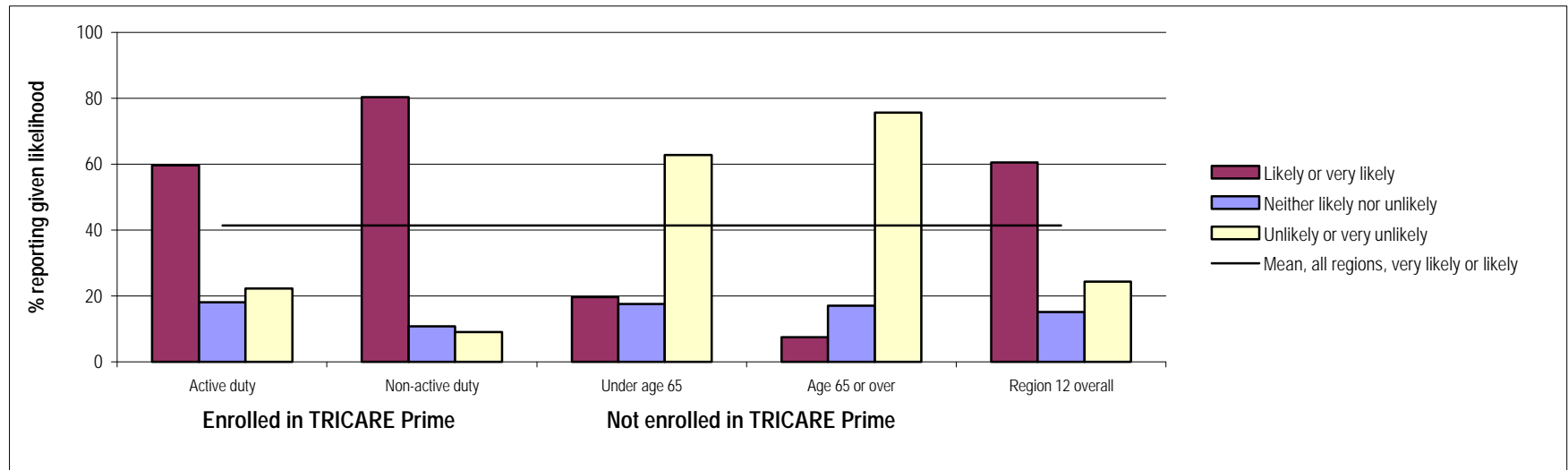
- Whether some patients in the Region 12 are more satisfied with their care than others
- Whether their satisfaction varies by whether the care was from a MTF or from a CTF
- How findings for Region 12 compare to findings for all regions

Findings:

Satisfaction with civilian care in Region 12 is greater than satisfaction with military care among every type of beneficiary, except active duty personnel. Among active duty personnel, MTF patients (68 percent) were more likely than CTF patients (56 percent) to be satisfied with the care they received.

Satisfaction with MTF care is lowest among active duty family members (55 percent) and highest among retirees, survivors, and their family age 65 or over (78 percent). Satisfaction with CTF care is lowest among active duty personnel (56 percent) and highest among retirees, survivors, and their family age 65 or over (88 percent).

2.4 Intention to Enroll or Re-enroll in TRICARE Prime in Region 12, by Enrollment Status, and in All Regions



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 724

Vertical axis:

The percent of the sample reporting a given likelihood of enrolling or re-enrolling in the 12 months following their survey response

Horizontal axis:

Enrollment status in TRICARE Prime
Type of enrollee

Survey question: 83

What the exhibit shows:

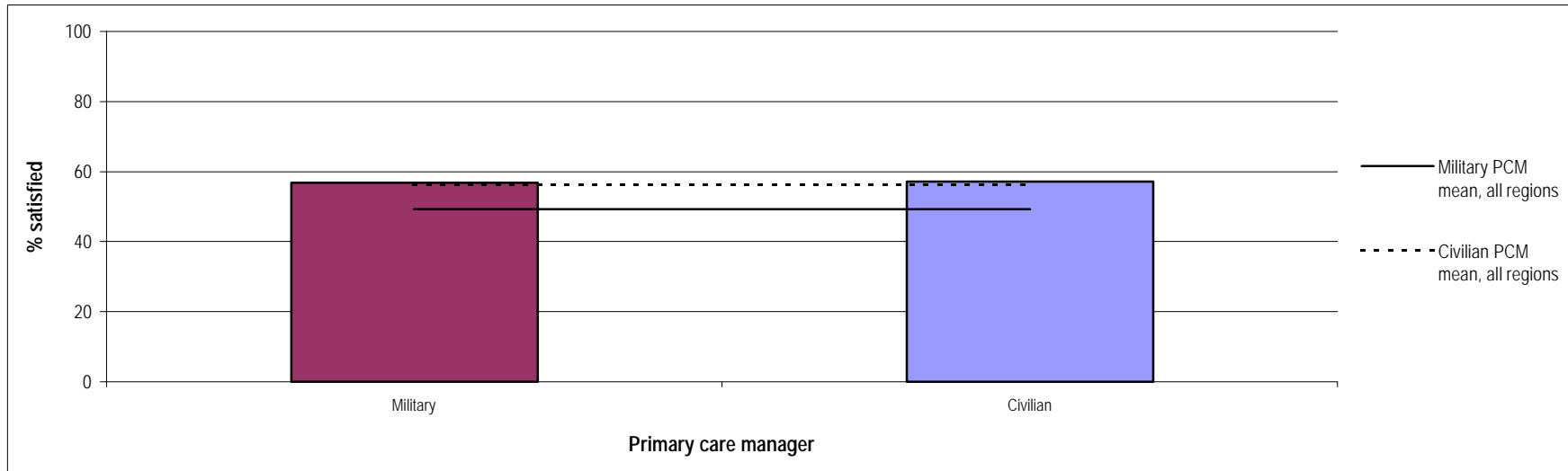
- What the likelihood of enrolling or re-enrolling in TRICARE Prime is in Region 12 overall
- How that likelihood varies by enrollment status and type of enrollee
- How findings for Region 12 compare to findings for all regions

Findings:

Of the beneficiaries in Region 12 who reported being enrolled in TRICARE Prime, most planned to re-enroll in the next 12 months, including 60 percent of active duty enrollees and 80 percent of non-active duty enrollees. Still, 22 percent of active duty enrollees, who are required to enroll in TRICARE Prime, did not plan to re-enroll.

Of the beneficiaries in Region 12 who were not enrolled in TRICARE Prime, but reported knowing at least a little about TRICARE, younger beneficiaries were more likely than older beneficiaries to enroll in the next 12 months. Twenty percent of non-enrollees under age 65 planned to enroll, compared with only 7 percent of non-enrollees age 65 or over.

2.5 TRICARE Prime Enrollees Satisfied with Their Care in Region 12 and in All Regions, by Military and Civilian Primary Care Manager



Population:

Beneficiaries enrolled in TRICARE Prime

Sample size: 522

Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

Horizontal axis:

Type of PCM

Military: PCM at a MTF

Civilian: PCM at a civilian hospital or clinic

Survey questions: 79 and 82a

What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime in Region 12 varies by type of PCM
- How findings for Region 12 compare to findings for all regions

Findings:

In Region 12, the level of satisfaction with TRICARE Prime among enrollees who have a civilian PCM is the same as among enrollees who have a military PCM (57 percent). In the MHS as a whole, satisfaction is higher among enrollees who have a civilian provider.

Satisfaction among enrollees with a military PCM in Region 12 (57 percent) is higher than the average for all regions (49 percent). Satisfaction among enrollees with a civilian PCM in Region 12 (56 percent) is about the same as the average for all regions (56 percent).

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Chapter

3

Access to Health Care

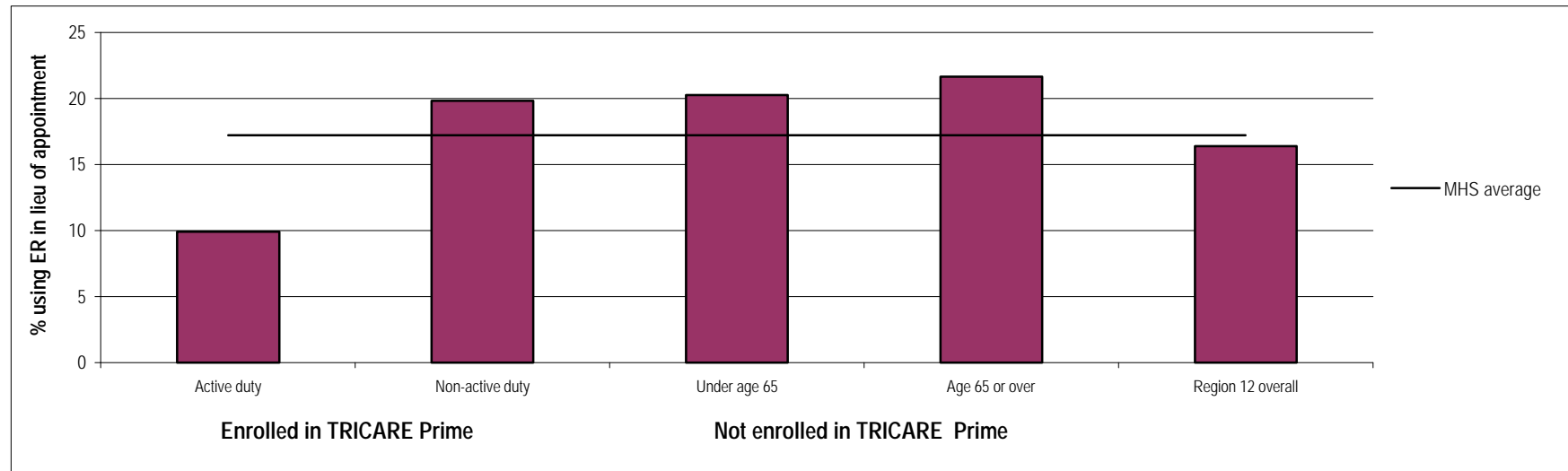
This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

The key findings are:

- Of the beneficiaries in Region 12 who used an ER in the past year, 16 percent used it because they could not get an appointment with their usual health care provider. In Region 12, active duty personnel enrolled in TRICARE Prime were less likely than other beneficiaries to report using the ER because they could not get a regular appointment. Ten percent of active duty enrollees resorted to ER use for that reason, compared with about 20 percent of other beneficiaries.
- In Region 12, very few MTF or CTF patients (between 2 and 10 percent) waited more than 30 days for an appointment, but CTF patients were more likely than MTF patients to get an appointment within a week. In addition, TRICARE Prime enrollees in Region 12 were more likely than their non-enrolled counterparts to get an appointment within a week.
- MTF patients in Region 12 were more likely than CTF patients to experience long waits in a provider’s office. Between 29 and 32 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 8 and 13 percent of CTF patients. The TRICARE standard is a 30-minute wait. Waiting periods in Region 12 varied little by TRICARE Prime enrollment status.
- Twenty-seven percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility in Region 12 are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the beneficiary’s distance from a MTF (19 percent). Compared with the average MHS patient, those in Region 12 were less likely to cite their distance from a MTF as a barrier to MTF use.

3.1 Beneficiaries' Use of an Emergency Room in Lieu of a Regular Appointment in Region 12, by Enrollment Status, and in All Regions



Population:

All beneficiaries who report using an ER in the past 12 months

Sample size: 474

Vertical axis:

The percent of the sample who used an ER in the 12 months preceding their survey response because they could not obtain an appointment at the place "they usually go" when they are sick or need health advice

Horizontal axis:

Enrollment status TRICARE Prime
Types of enrollees

Survey question: 33

What the exhibit shows:

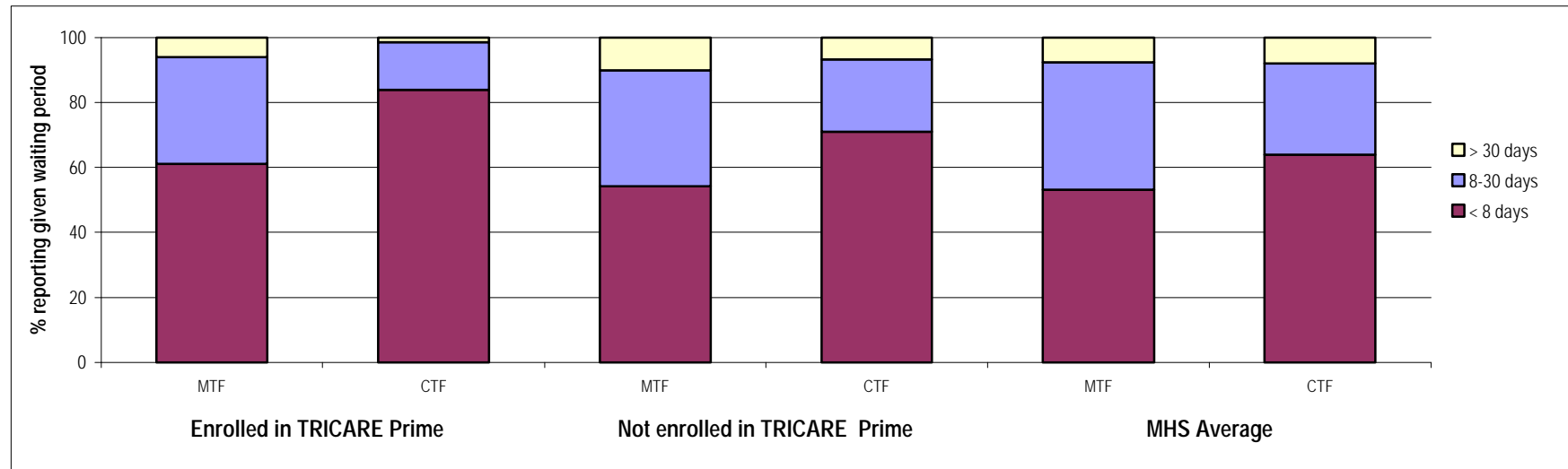
- Whether beneficiaries in Region 12 have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment in TRICARE Prime and by type of enrollee
- How the findings for Region 12 compare to the findings for all regions

Findings:

Of the beneficiaries in Region 12 who used an ER in the past year, 16 percent used it because they could not get an appointment with their usual health care provider. The rate of ER use in lieu of a regular appointment in Region 12 is about the same as in the MHS as a whole (17 percent).

In Region 12, active duty personnel enrolled in TRICARE Prime were less likely than other beneficiaries to report using the ER because they could not get a regular appointment. Ten percent of active duty enrollees resorted to ER use for that reason, compared with about 20 percent of other beneficiaries.

3.2 Average Waiting Periods for Patients to Get an Appointment for Routine Care in Region 12, by Enrollment Status, and in All Regions


Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,076

Vertical axis:

Each segment in a bar represents the percent of the sample reporting a given waiting period for routine care

Horizontal axis:

Enrollment status in TRICARE Prime
Care received at a MTF or CTF

Survey questions: 50a and 65a

What the exhibit shows:

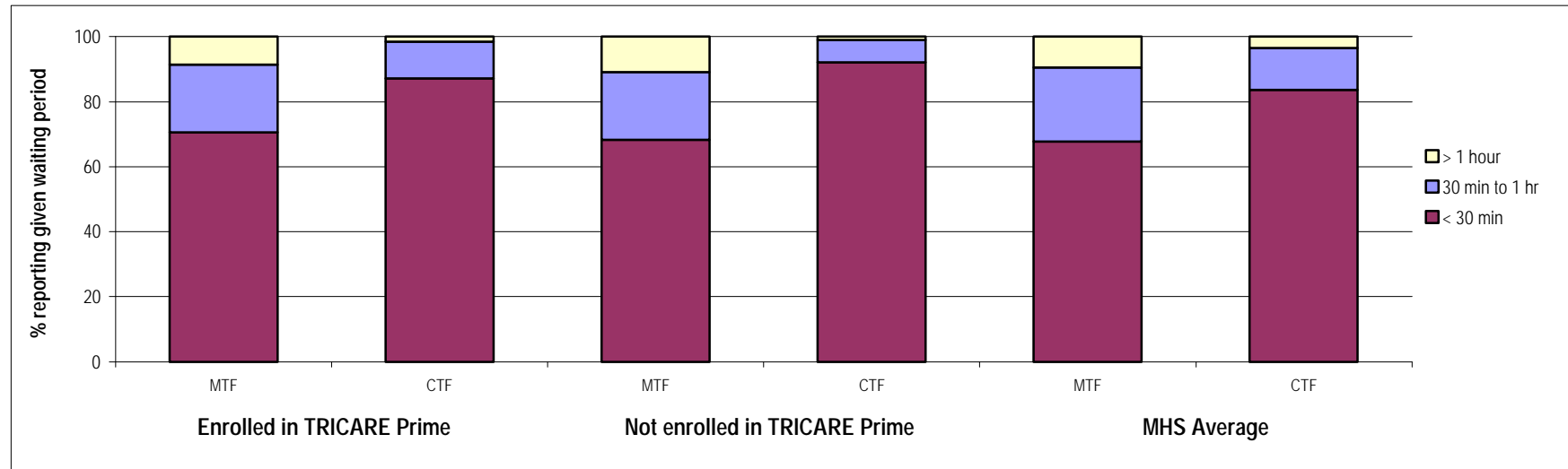
- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Region 12 compare to findings for all regions

Findings:

Across all regions, very few MTF and CTF patients had to wait more than 30 days for a routine care appointment (8 percent of each group). While the two groups were equal in this regard, CTF patients were somewhat more likely than MTF patients to get an appointment within a week (64 and 53 percent, respectively). A 30-day wait is the TRICARE standard for a routine care appointment.

A similar pattern is observed among beneficiaries in Region 12. Very few patients (2 to 10 percent) waited more than 30 days for an appointment, but CTF patients were more likely than MTF patients to get an appointment within a week. In addition, TRICARE Prime enrollees in Region 12 were more likely than their non-enrolled counterparts to get an appointment within a week.

3.3 Waiting Time in Provider's Office in Region 12, by Enrollment Status, and in All Regions


Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,076

Vertical axis:

Each segment in a bar represents the percent of the sample reporting a given waiting period in the provider's office

Horizontal axis:

Enrollment status in TRICARE Prime
Care received at a MTF or CTF

Survey questions: 48 and 63

What the exhibit shows:

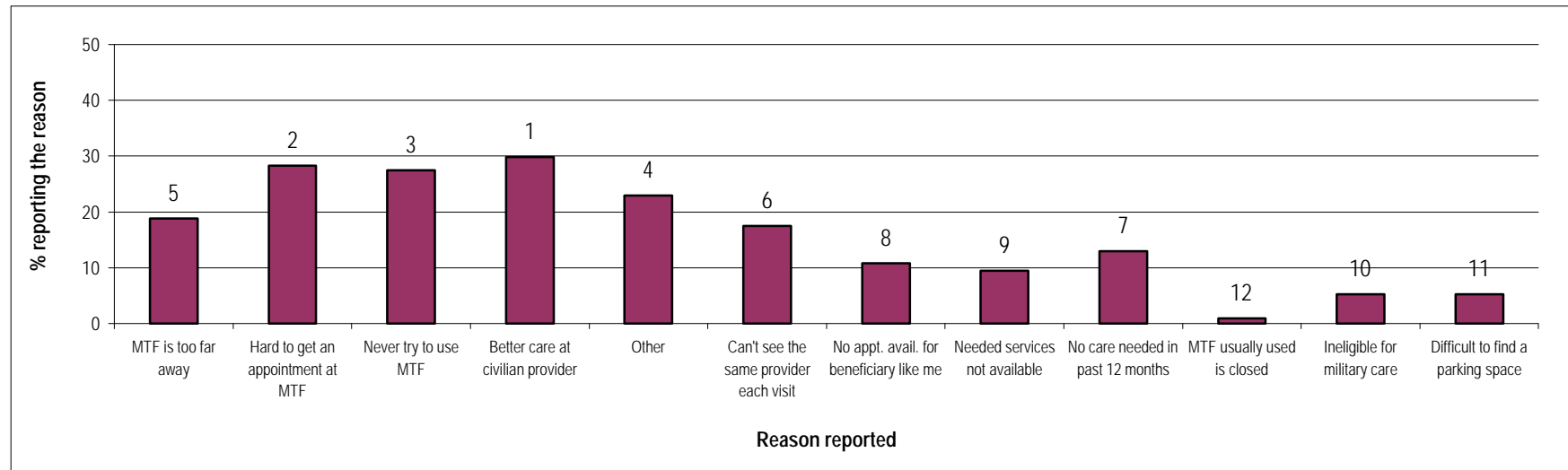
- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Region 12 compare to findings for all regions

Findings:

In Region 12, most MTF patients and CTF patients waited less than 30 minutes in a provider's office. The TRICARE standard for office waiting periods is 30 minutes.

MTF patients were more likely than CTF patients to experience long waits in a provider's office. Between 29 and 32 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with between 8 and 13 percent of CTF patients. Waiting periods in Region 12 varied little by type TRICARE Prime enrollment status.

3.4 Reasons for Patients Not Relying on a Military Facility for Most of Their Care in Region 12


Population:

Beneficiaries who received some care from a MTF, but most of their care from a CTF during the 12 months preceding their survey response

Sample size: 697

Vertical axis:

The percent of the sample reporting a given reason for not relying on a MTF for care. The percentages do not sum to 100 because respondents were asked to mark all reasons that applied to them.

Horizontal axis:

Reasons reported by beneficiaries

Survey question: 56

What the exhibit shows:

- Why patients in Region 12 who reported getting most of their care from a civilian facility chose to do so
- The number above each bar represents the ranking given to each reason in Region 12. The order of the bars from left to right represent the ranking given to each reason for all regions. A comparison of the two shows how ranking for Region 12 compare to rankings for all regions.

Findings:

Twenty-seven percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility in Region 12 are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the beneficiary's distance from a MTF (19 percent). Compared with the average MHS patient, those in Region 12 were less likely to cite their distance from a MTF as a barrier to MTF use.

Twenty-three percent of patients in Region 12 cited "other" reasons for choosing a CTF over a MTF, including the inability to see the same provider on each visit, lack of available services, and other reasons.

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Chapter

4

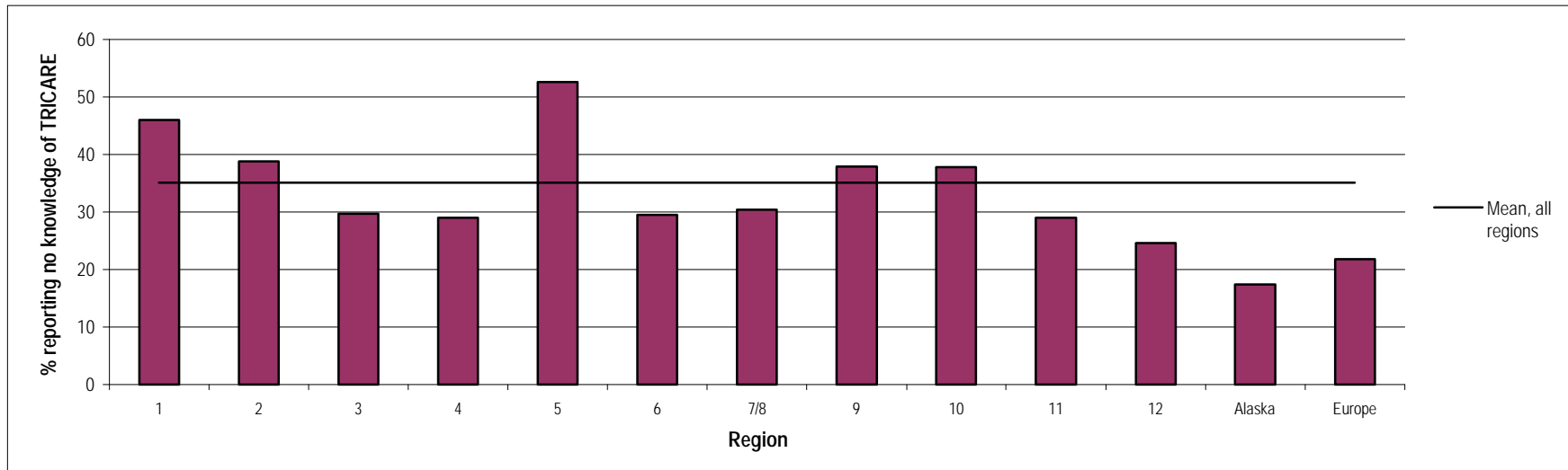
Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

The key findings are:

- Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE, compared with between 29 and 38 percent of beneficiaries in other mature TRICARE regions. Mature TRICARE regions are 6, 9, 10, 11, and 12.
- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 16 percent have unclear information about enrolling in TRICARE Prime, compared with 34 percent in the MHS as a whole. Among active duty beneficiaries in Region 12, 13 percent reported having unclear information about enrolling.
- Among those in Region 12 who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent). Compared with the average MHS beneficiary, those in Region 12 were more likely to receive information through a visit to the TRICARE service center.

4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Region



Population:

All beneficiaries

Sample size: 73,898

Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

Horizontal axis:

All regions

Survey question: 71

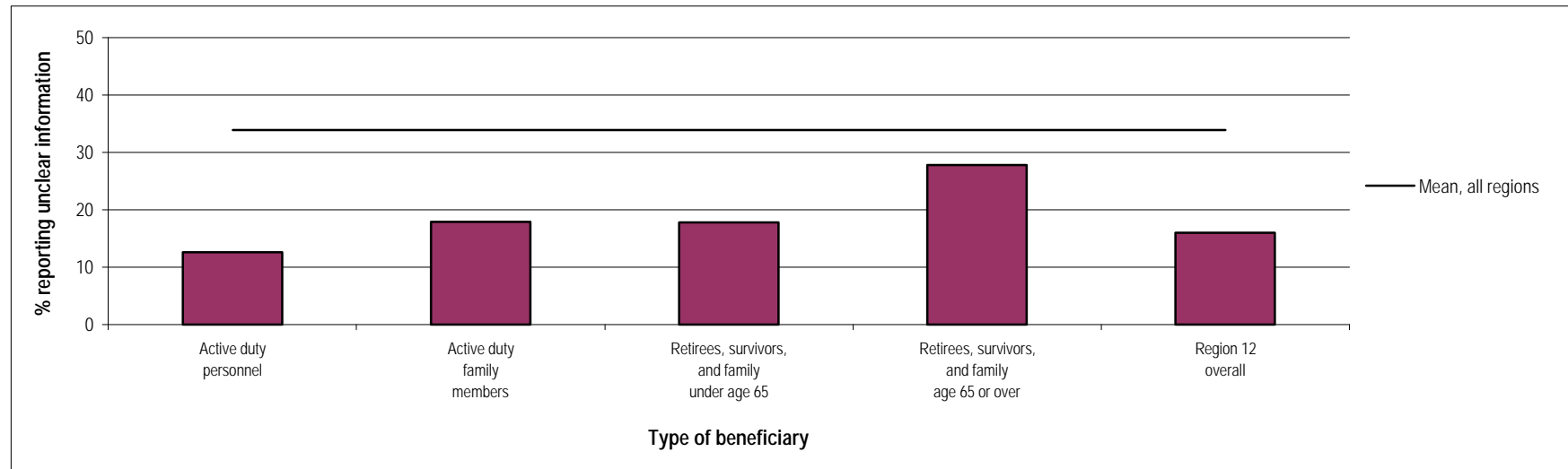
What the exhibit shows:

- How much beneficiaries know about TRICARE in all regions
- How beneficiaries' levels of knowledge vary across regions

Findings:

Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE, compared with between 29 and 38 percent of beneficiaries in other mature TRICARE regions. Mature TRICARE regions are 6, 9, 10, 11, and 12.

4.2 Beneficiaries Having Unclear Information about Enrolling in TRICARE Prime in Region 12 and in All Regions



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 724

Vertical axis:

The percent of the sample reporting they "strongly disagree" or "disagree" that they have clear information on enrollment procedures for TRICARE Prime

Horizontal axis:

Types of beneficiaries

Survey question: 73a

What the exhibit shows:

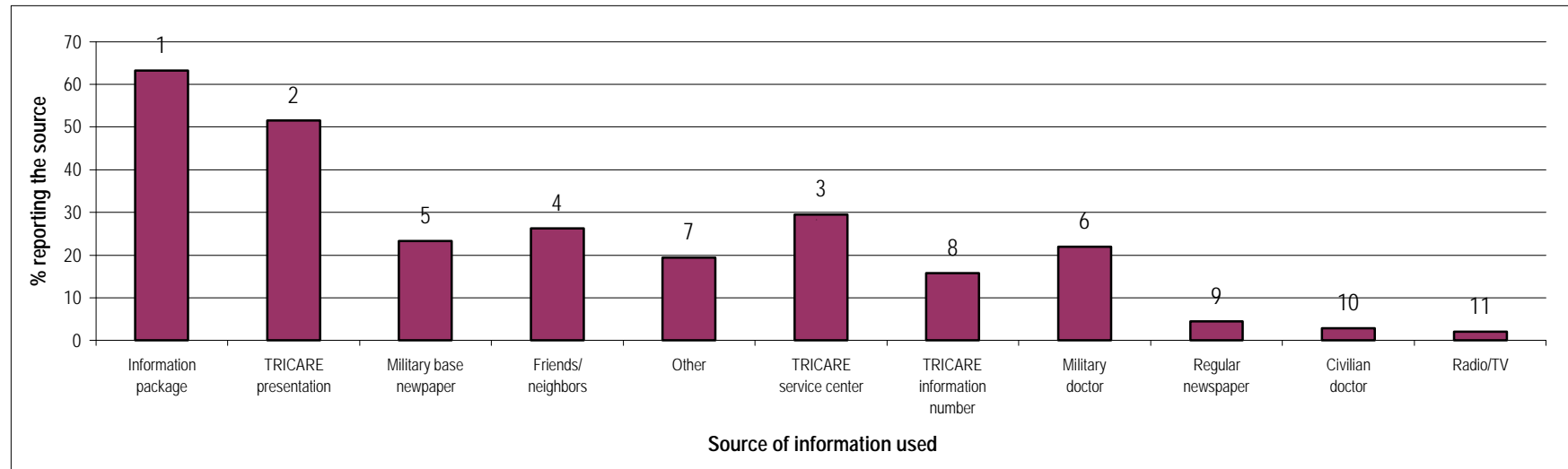
- In Region 12 the percentage of beneficiaries reporting they have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings for Region 12 compare to findings for all regions

Findings:

Among beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 16 percent reported having unclear information about enrolling in TRICARE Prime. In the MHS as a whole, 34 percent of beneficiaries with at least a little knowledge of TRICARE have unclear information about enrolling in TRICARE Prime.

Thirteen percent of active duty personnel, who are required to enroll in TRICARE Prime, have unclear information about enrolling. Retirees, survivors, and their family members age 65 or over are the most likely to report having unclear information about enrolling in TRICARE Prime (28 percent).

4.3 Sources of Information about TRICARE in Region 12 and in All Regions


Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 724

Vertical axis:

The percent of the sample reporting that they received information about TRICARE from a given source. Percentages do not sum to 100 because respondents were asked to mark all the sources they had used to learn about TRICARE

Horizontal axis:

Sources of information

Survey question: 72

What the exhibit shows:

- The sources of information about TRICARE that beneficiaries in Region 12 use
- The number above each bar indicates the ranking for that source of information in Region 12. The order of the bars from left to right indicates the ranking of sources across all regions. A comparison of the two shows how rankings for Region 12 compare to rankings for all regions.

Findings:

Among those in Region 12 who reported knowing at least a little about TRICARE, the most frequently cited sources of information about TRICARE were information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent). Compared with the average MHS beneficiary, those in Region 12 were more likely to receive information through a visit to the TRICARE service center.

Chapter

5

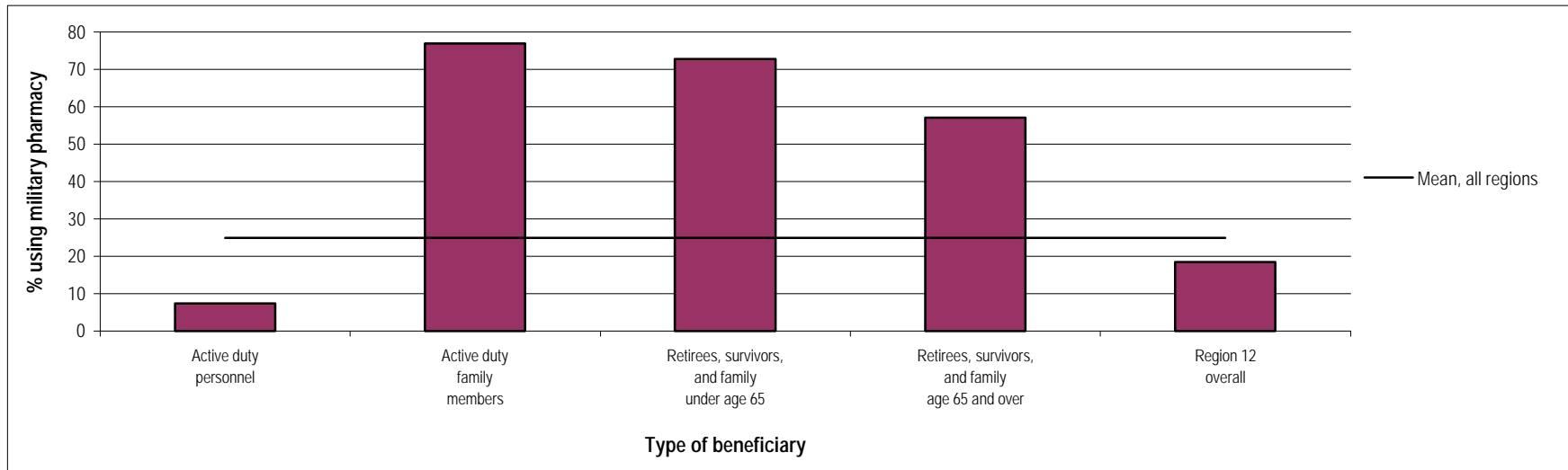
Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

The key findings are:

- Nineteen percent of beneficiaries in Region 12, and 25 percent of beneficiaries in all regions, used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. In Region 12, active duty family members were the most likely to have used a military pharmacy to fill a prescription written by a civilian provider (77 percent), while active duty personnel were the least likely (7 percent).
- Ninety-seven percent of active duty personnel use a MTF for their regular source of care, as do 92 percent of active duty family members, 41 percent of retirees and their family members under age 65, and 37 percent of retirees and their family members age 65 or over. Only 2 percent of beneficiaries in Region 12 rely on something other than a MTF or CTF as their usual source of care.

5.1 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider



Population:

All beneficiaries

Sample size: 1,164

Vertical axis:

The percent of the sample using a military pharmacy to fill any prescriptions written by a civilian provider during the 12 months preceding their survey response

Horizontal axis:

Types of beneficiaries

Survey question: 53

What the exhibit shows:

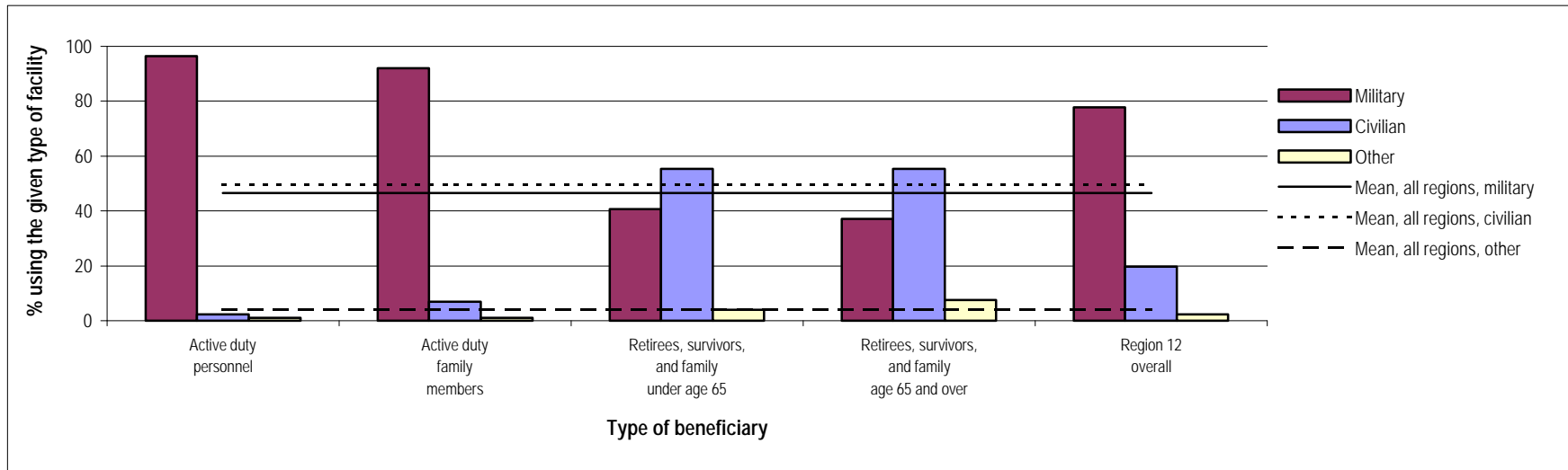
- How the use of military pharmacies to fill prescriptions written by a civilian provider varies by the type of beneficiary in Region 12
- How findings for Region 12 compare to findings for all regions

Findings:

Nineteen percent of beneficiaries in Region 12, and 25 percent of beneficiaries in all regions, used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey.

In Region 12, active duty family members were the most likely to have used a military pharmacy to fill a prescription written by a civilian provider (77 percent), while active duty personnel were the least likely (7 percent).

5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice



Population:

Beneficiaries who reported having a usual source of care

Sample size: 1,059

Vertical axis:

The percent of the sample using a military, civilian, or other facility as a regular source of care

Horizontal axis:

Types of beneficiaries

Survey question: 31

What the exhibit shows:

- The percentage of beneficiaries who usually seek care from a military or civilian facility
- How the usual source of care varies by the type of beneficiary
- How findings for Region 12 compare to findings for all regions

Findings:

Of the beneficiaries in Region 12 who reported having a usual source of care, 20 percent rely on a civilian facility and 78 percent rely on a military facility. Compared with the average MHS beneficiary, those in Region 12 were much more likely to rely on a MTF as their usual source of care. Across all regions, 49 percent of beneficiaries rely on a civilian facility and 47 percent rely on a military facility.

Active duty personnel and their family members in Region 12 were more likely than the average beneficiary to use a military provider as their usual source of care (97 and 92 percent, respectively). Retirees, survivors, and their family members were more likely than the average beneficiary to rely on a civilian provider (55 percent of those under 65 and 55 percent of those age 65 or over).

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Chapter

6

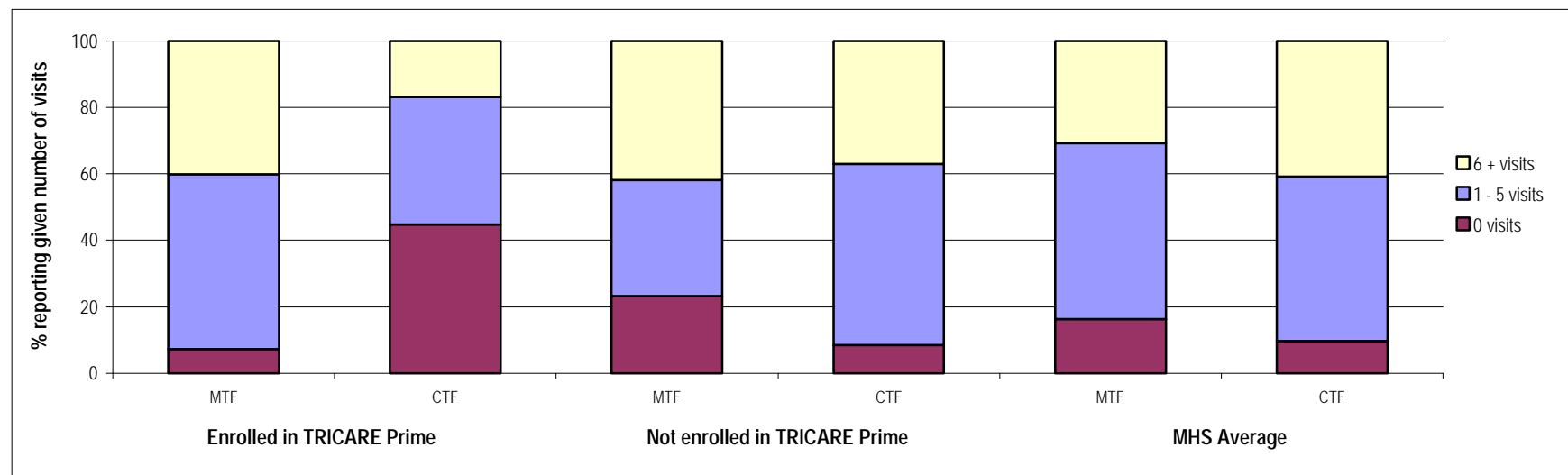
Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

The key findings are:

- In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities tended to have more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients. The opposite pattern is observed among Region 12 beneficiaries who are enrolled in TRICARE Prime. CTF patients in this group were much less likely (17 percent) than their MTF counterparts (40 percent) to have six or more outpatient visits.
- Among MTF patients in Region 12, those enrolled in TRICARE Prime had significantly more outpatient visits than those not enrolled in Prime. In contrast to the pattern observed at MTFs, TRICARE Prime enrollees at CTFs tended to have fewer outpatient visits than their non-enrolled counterparts.

6.1 The Number of Outpatient Visits in the Past Year by Patients in Region 12, by Enrollment Status and Military or Civilian Treatment Facility, and in All Regions



Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 1,076

Vertical axis:

The percent of the sample who made a given number of outpatient visits

Horizontal axis:

Enrollment status in TRICARE Prime
Patients at a MTF or CTF

Survey questions: 46 and 61

What the exhibit shows:

- The number of outpatient visits in Region 12 in the past year
- How the visit rates vary by enrollment status and whether the care was from a MTF or CTF
- How findings for Region 12 compare to findings for all regions

Findings:

In the 12 months leading up to the survey, MHS beneficiaries who used civilian facilities had more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients.

The opposite pattern is observed among Region 12 beneficiaries who are enrolled in TRICARE Prime. CTF patients in this group were much less likely (17 percent) than their MTF counterparts (40 percent) to have six or more outpatient visits. Among non-enrollees in Region 12, MTF and CTF patients were equally likely to have six or more outpatient visits, though CTF patients were more likely to have at least one outpatient visit.

Chapter

7

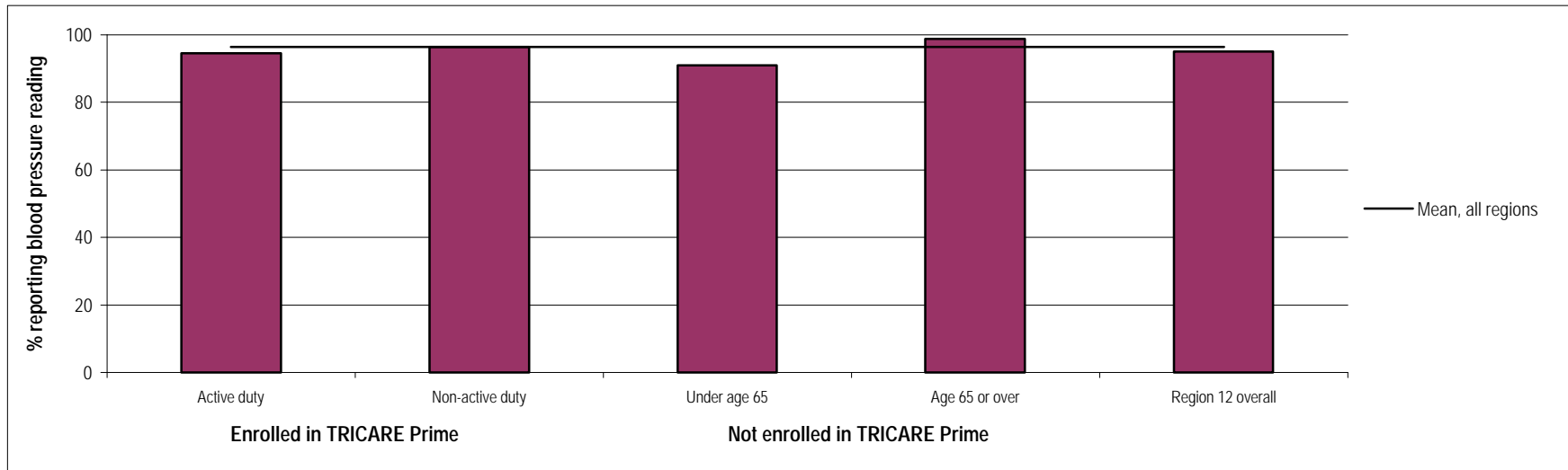
Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

The key findings are:

- Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 95 percent of beneficiaries in Region 12. Both results exceed the civilian Healthy People 2000 goal of 90 percent.
- Seventy-nine percent of beneficiaries in Region 12 had a cholesterol screening in the past five years. This exceeds the Healthy People 2000 goal for adults (75 percent) and is about equal to the average for all regions (81 percent).
- Eighty-one percent of female beneficiaries age 50 or over in Region 12 had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.
- Ninety percent of female beneficiaries and 88 percent of female active duty personnel in Region 12 have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector.
- Of the beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey, 94 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- Two-thirds of male beneficiaries age 50 or over in Region 12 (67 percent) had a prostate screening in the past two years. This rate is lower than the rate observed in the MHS as a whole (78 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

7.1 Blood Pressure Readings in Region 12 and in All Regions



Population:

All beneficiaries

Sample size: 1,164

Vertical axis:

The percent of the sample reporting having had a blood pressure reading during the two years preceding their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 12

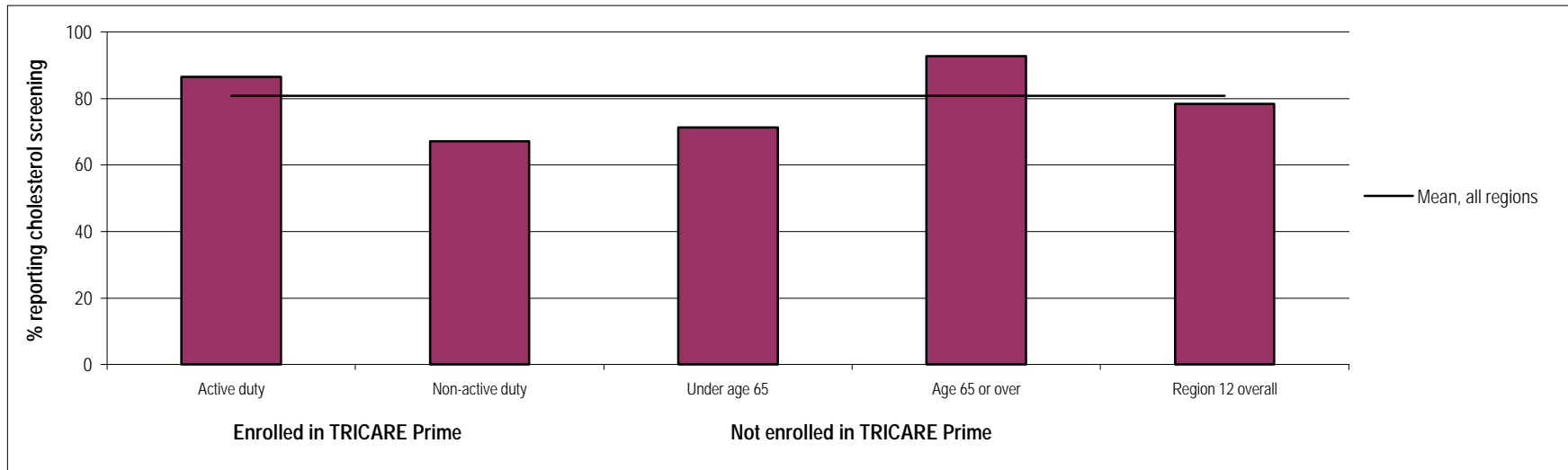
What the exhibit shows:

- Percentage of beneficiaries in Region 12 who had a blood pressure reading in the past two years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 12 compare to findings for all regions

Findings:

Nearly all MHS beneficiaries (96 percent) had a blood pressure screening in the past two years, as did 95 percent of beneficiaries in Region 12. Both results exceed the civilian Healthy People 2000 goal of 90 percent.

7.2 Cholesterol Screening in Region 12 and in All Regions



Population:

All beneficiaries

Sample size: 1,164

Vertical axis:

The percent of the sample reporting having had a cholesterol screening during the five years preceding their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 13

What the exhibit shows:

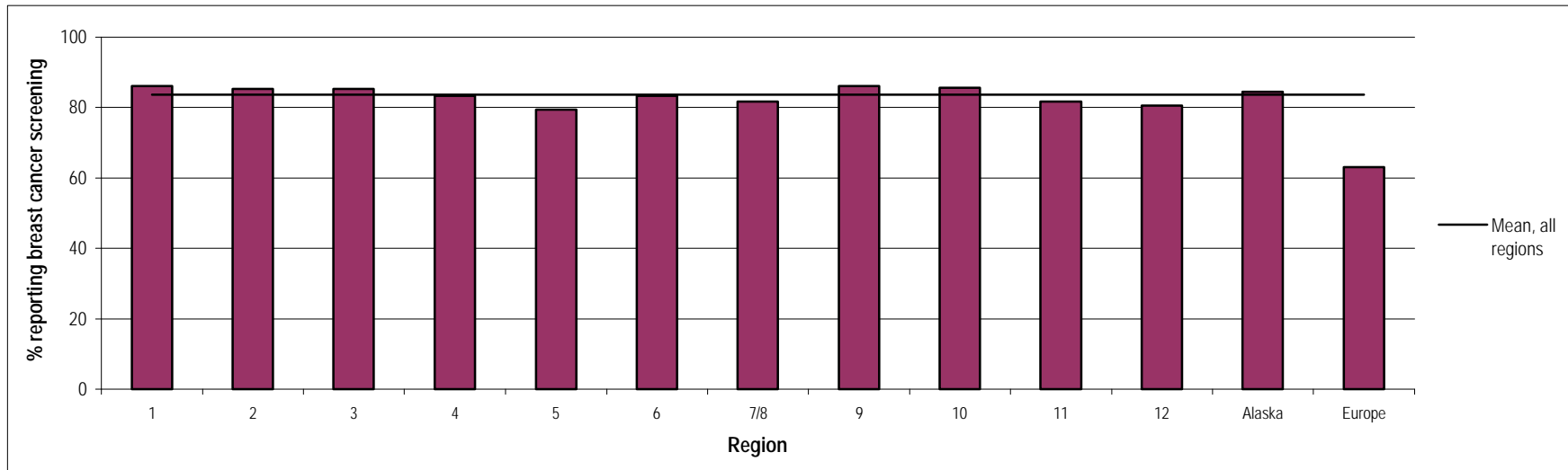
- Percentage of beneficiaries in Region 12 who had a cholesterol screening in the past five years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 12 compare to findings for all regions

Findings:

Seventy-nine percent of beneficiaries in Region 12 had a cholesterol screening in the past five years. This exceeds the Healthy People 2000 goal for adults (75 percent) and is about equal to the average for all regions (81 percent).

Non-active duty personnel enrolled in TRICARE Prime were the least likely to have had a cholesterol screening in the past five years (67 percent), while non-enrollees age 65 or over were the most likely (93 percent).

7.3 Breast Cancer Screening



Population:

Female beneficiaries age 50 and over

Sample size: 19,347

Vertical axis:

The percent of the sample reporting having been "checked by mammography or other X-ray-like procedure" during the two years preceding their survey response

Horizontal axis:

All regions

Survey question: 26

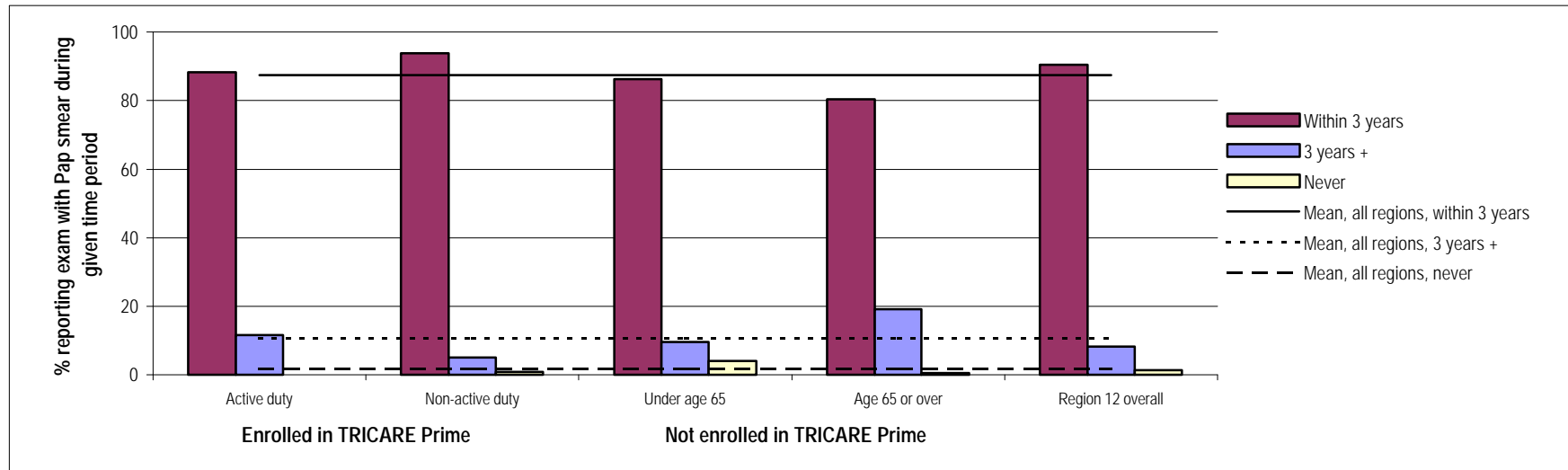
What the exhibit shows:

- The percentage of female beneficiaries in all regions over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary by region

Findings:

Eighty-one percent of female beneficiaries age 50 or over in Region 12 had a breast cancer screening in the past two years. This result is about the same as the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

7.4 Pap Smear in Region 12 and in All Regions


Population:

All female beneficiaries

Sample size: 602

Vertical axis:

The percent of the sample reporting having had "a routine female examination with a Pap smear" in a given time period

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 24

What the exhibit shows:

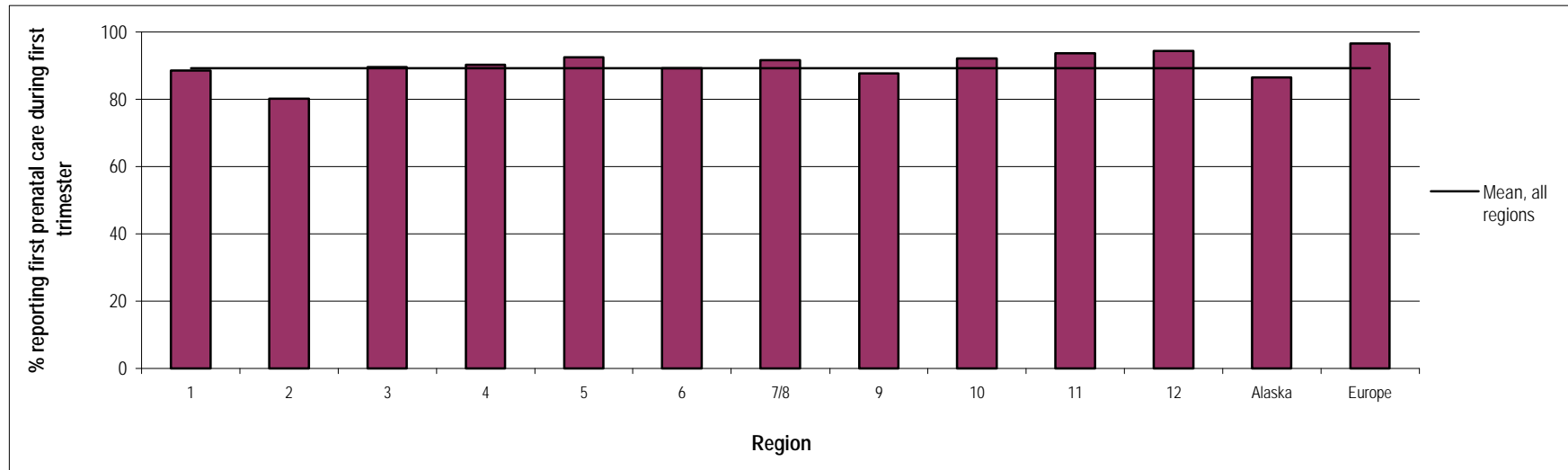
- How recently female beneficiaries in Region 12 have had a Pap smear
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 12 compare to findings for all regions

Findings:

Ninety percent of all female beneficiaries in Region 12 had a Pap smear in the past three years. This compares favorably with the 60 to 70 percent result observed in the civilian sector and meets the Healthy People 2000 goal of 85 percent. Results in Region 12 are similar to those for the MHS overall.

Women enrolled in TRICARE Prime in Region 12 were slightly more likely than their non-enrolled counterparts to have had a Pap smear in the past three years.

7.5 Timing of First Prenatal Care



Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

Sample size: 2,386

Vertical axis:

The percent of the sample reporting receiving obstetric care from a doctor or other health professional during the first trimester

Horizontal axis:

All regions

Survey question: 29

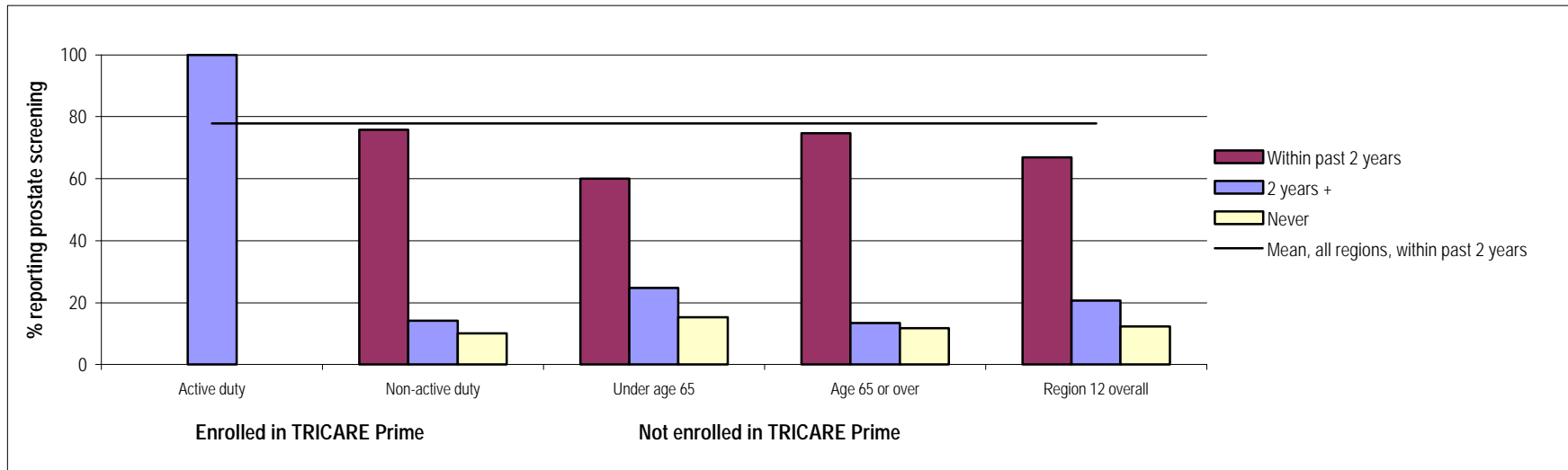
What the exhibit shows:

- The percentage of pregnant beneficiaries in each region who reported having received prenatal care at some point in the first trimester
- How the findings vary by region

Findings:

Ninety-four percent of the female beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result meets the Healthy People 2000 goal of 90 percent and is higher than the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

7.6 Prostate Screening in Region 12 and in All Regions



Population:

Male beneficiaries age 50 or over

Sample size: 325

Vertical axis:

The percent of the sample reporting having received "a prostate gland examination or blood test for prostate disease" in a given time period

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 23

What the exhibit shows:

- How recently male beneficiaries age 50 or over in Region 12 received a prostate screening
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 12 compare to findings for all regions

Findings:

Two-thirds of male beneficiaries age 50 or over in Region 12 (67 percent) had a prostate screening in the past two years. This rate is lower than the rate observed in the MHS as a whole (78 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

In Region 12, the sample of active-duty enrollees age 50 or over is too small to produce reliable estimates.

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Chapter

8

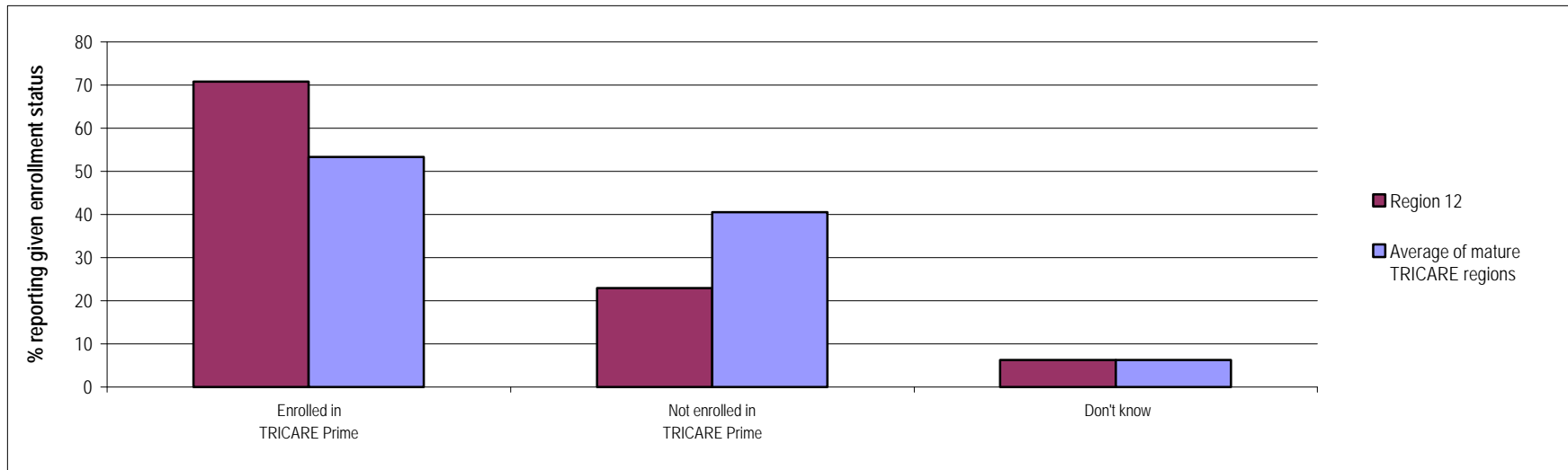
Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percent of beneficiaries whose composite physical health score is lower than the national median score for their age.

The key findings are:

- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is higher than the level of enrollment in the average mature TRICARE region (53 percent).
- In Region 12, 51 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Region 12 are similar to their counterparts in the civilian population. This result applies to both TRICARE Prime enrollees and non-enrollees.

8.1 Enrollment in TRICARE Prime in Region 12 and in Mature TRICARE Regions



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 13,771

Vertical axis:

The percent of the sample reporting a given enrollment status as of the time of their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 76

What the exhibit shows:

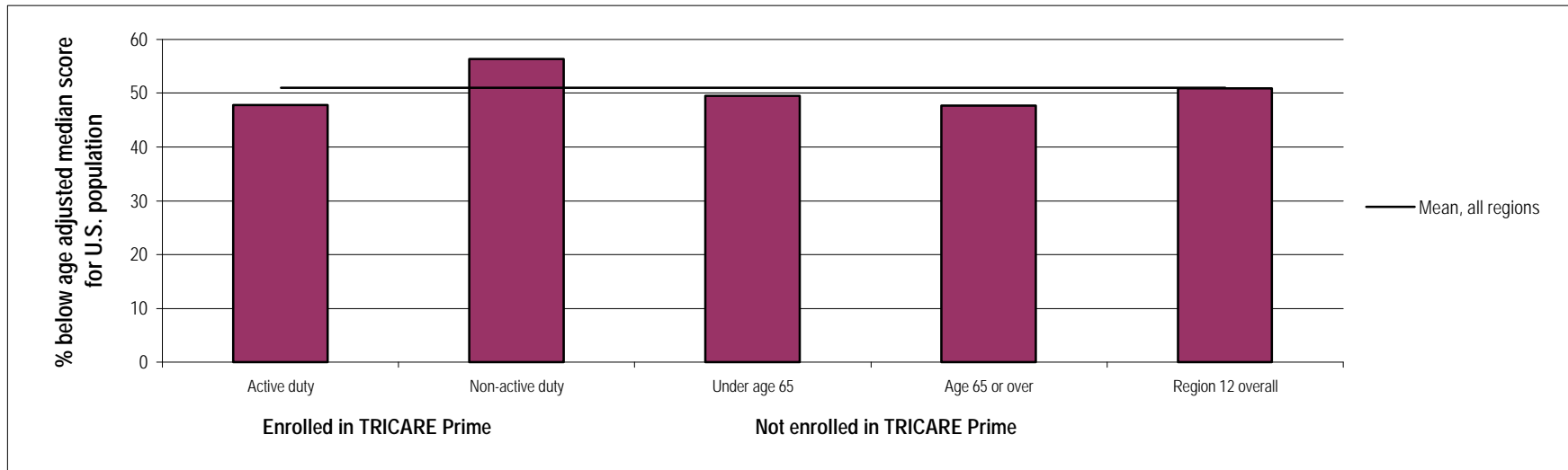
- The proportion of beneficiaries in Region 12 who are enrolled in, not enrolled in, and don't know whether they are enrolled in TRICARE Prime
- How findings for Region 12 compare to findings for the average mature TRICARE region

Findings:

Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is higher than the level of enrollment in the average mature TRICARE region (53 percent).

In Region 12, 6 percent of beneficiaries who reported knowing at least a little about TRICARE do not know whether they are enrolled in TRICARE Prime. A similar result is observed among all mature TRICARE regions.

8.2 Composite Scores of Physical Health in Region 12 and in All Regions



Population:

All beneficiaries

Sample size: 1,164

Vertical axis:

The percent of the sample with a composite physical health score below the age-adjusted median score for the U.S. population

Horizontal axis:

Enrollment status in TRICARE Prime

Survey questions: 1-7

What the exhibit shows:

- The proportion of beneficiaries in Region 12 who are in poor health (self-reported)
- How the findings vary by enrollment status
- How the findings for Region 12 compare to findings for all regions

Findings:

In Region 12, 51 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Region 12 are similar to their counterparts in the civilian population. This result applies to both TRICARE Prime enrollees and non-enrollees.

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Chapter

9

Performance Improvement Plan

The purpose of this Performance Improvement Plan is to summarize the large number of satisfaction questions in the HCSDB so that the underlying patterns are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction.

Each point in Figure 9.1 represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities** are in the top left quadrant. These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that represent the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain** are in the top right quadrant. These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the region.
- **Secondary priority improvement opportunities** are in bottom left quadrant. Low importance in determining overall satisfaction and low satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain** are in the bottom right quadrant. These aspects of health care are characterized by low importance in determining overall satisfaction and high satisfaction. These areas appear to be meeting beneficiaries' expectations.

Findings

The following aspects of military health care in Region 12 were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These areas, which fall into three categories, should be the focus of remedial action in Region 12.

Access to System Resources

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)

Quality of Care

- Ability to diagnose your health care problems (M)
- Outcomes of your health care (P)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.1 Performance Improvement Plan for Region 12